County	CE OF DEATH	BUR	ONA STATE BOARD OF HE	
Town Or City	Eagar	ORIGIN	AL CERTIFICATE OF DEATH County Register	
		No.	Local Registral	r's Nq
	(	ir death occurred in a Ho	ospital or Institution, give its NAME instead of street a	nd nucls
<u> </u>	FULL NAME	Walden	Earl Jidas	na minibe
PERSON	IAL AND STATISTI	CAL PARTICULARS	"	
SEX	Color or Race		MEDICAL CERTIFICATE OF DEATH	<u>-</u> -
92.	White Indian	SINGLE MARRIED	DATE OF DEATH	<u> </u>
DATE OF BI	l Modeland	WIDOWED or DIVORCED	Fiel 19	
DAIL OF BI	0		(Month) (Day)	191 (Ye
	- An	1918	I hereby certify, that I attended deceased from	
AGE	28	(Yea	-41 131	-17
yrs	mos dom	If less than 1 day	on	al
OCCUPATION	ofossion	b juis., ormin,	on	on the d
(a) Trade, pr particular kin	nd of work		I stated above at	
		*****	The DISEASE or INJU	RY causi
business or as	ature of industry,	*****	stated above at	
business, or es which employ	ature of industry, stablishment in ed or (employer)		Death was as follows:	*************
business,or es which employ	ature of industry, stablishment in ed or (employer)		Death was as follows:	****************
business,or es which employ BIRTHPLACE (State or coun	ature of industry, stablishment in ed or (employer)		Death was as follows:  Grippy Trensmonia  Le 3 days	***************************************
business, or es which employ BIRTHPLACE (State or coun	ature of industry, stablishment in ed or (employer)		Death was as follows:  Grippy Y Treumonia  Sel 3 days  (Duration) yrs mos	***************************************
business, or es which employ BIRTHPLACE (State or coun FATHER	ature of industry, stablishment in ed or (employer)		Death was as follows:  Srippy Y Tresurvonia  Let 3 days  (Duration) yrs mos  Was disease contracted in Arizona?	dayə). "
BIRTHPLACE  NAME OF FATHER  BIRTHPLACE  STATE  STAT	ature of industry, stablishment in ed or (employer)		Death was as follows:  Sriph Y Tremovoria  Sel 3 days  (Duration) yrs mos  Was disease contracted in Arizona?  If not, where?	.daye)**
BIRTHPLACE (State or country)  NAME OF FATHER  BIRTHPLACE State or country  MAIDEN N.  OF MOTH	ature of industry, stablishment in trablishment in trablishment in trable or (employer)		Death was as follows:    Jrips Y Jelemonia	dayə
BIRTHPLACE (State or country)  NAME OF FATHER  BIRTHPLACE FATHER State or co MAIDEN N. OF MOTH	ature of industry, stablishment in tablishment in ted or (employer)		Death was as follows:    Jrips Y Tremover	days)
BIRTHPLACE State or coun  NAME OF FATHER  BIRTHPLACE State or coun  MAIDEN N. OF MOTH  BIRTHPLACE MOTHER	ature of industry, stablishment in stablishment in ed or (employer)		Death was as follows:  (Duration) yrs mos  Was disease contracted in Arizona?  If not, where?  CONTRIBUTORY  (Duration) yrs mos  (Signed)	daysdays
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Distinct of the business, or es which employ BIRTHPLACE (State or count FATHER BIRTHPLACE State or count MAIDEN N. OF MOTH BIRTHPLACE MOTHER State or count State or count BIRTHPLACE MOTHER State or count BIRTHPLACE State or count BIRTHPLACE MOTHER State or count BIRTHPLACE BIRTHPL	ature of industry, stablishment in tablishment in ted or (employer)	Indaes, Irigida J. Love	Death was as follows:  (Duration) yrs mos  Was disease contracted in Arizona?  If not, where?  (Duration) yrs mos  (Signed)  191 (Address)  *Indeaths from VIOLENT CAUSES state(1) MEANS Of and (2) whether ACCIDENTAL, SUIGIDAL, or HO	daysdays
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Distinction of the late of the	AME CE OF  Untry)  CE OF  CHAME	Indael, Priz La J. Love TODMY KNOWLEDGE	Death was as follows:  (Duration) yrs mos  Was disease contracted in Arizona?  If not, where?  (Duration) yrs mos  (Signed) 191 (Address)  *Indeaths from VIOLENT CAUSES state(1) MEANS OI and (2) whether ACCIDENTAL, SUICIDAL, or HO  LENGTH OF RESIDENCE  At place of death yrs mos ds. In Arizona yrs  Former or Usual Residence  Filed	daysdays
BIRTHPLACE State or coun  NAME OF FATHER  BIRTHPLACE State or coun  MAIDEN N. OF MOTH  BIRTHPLACE MOTHER  State or coun  THE ABOVE IS  (Informant)  (Address)  PLACE OF B  REMOVE	ature of industry, stablishment in stablishment in red or (employer)	Indael  Priz  La J. Love  Priz  T OLMY KNOWLEDGE  LACL  Arig  E OF BURIAL  REMOVAL	Death was as follows:  (Duration) yrs mos  Was disease contracted in Arizona?  If not, where?  CONTRIBUTORY  (Duration) yrs mos  (Signed)  191 (Address)  *Indeaths from VIOLENT CAUSES state(1) MEANS Of and (2) whether ACCIDENTAL, SUICIDAL, or HO  LENGTH OF RESIDENCE  At place of death yrs mos ds. In Arizona yrs.  Former or Usual Residence  Filed  Mar 5 1916 E. J. Madael	daysdaysfinjury
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